



**CITY OF RAMSEY  
APPLICATION FOR  
2019 PAWNBROKER LICENSE**

Date: \_\_\_\_\_

Application is hereby submitted for a pawnbroker license within the City of Ramsey, in accordance with the Ordinances of said city regulating the same. Please allow up to 30 business days to process application. Business licenses are issued upon approval by City Council. Incomplete applications will not be accepted.

Enclose with this applications:

- The license fee of \$4,000
- A completed and signed "background check authorization" form and copy of driver's license
- Fee for background check: In-State \$500 Out-of-State \$1,500
- A certificate of workers' comp insurance or company name & policy #: \_\_\_\_\_ (if applicable)
- A certificate of liability insurance

1. **FULL** Name of Business: \_\_\_\_\_
2. Address of the premises to be licensed: \_\_\_\_\_
3. Business Phone Number(s): \_\_\_\_\_
4. Minnesota Tax Identification No. \_\_\_\_\_
5. Federal Tax identification No. \_\_\_\_\_
6. Manager or Owner's **FULL** Name: \_\_\_\_\_  
Last First Middle Name
7. Manager or Owner's Date of Birth: \_\_\_\_\_
8. Manager or Owner's Place of Birth: \_\_\_\_\_

***If Applicant is different from Manager/Proprietor, please fill out O's 9 through 15***

9. Applicant's **Full** Name: \_\_\_\_\_  
Last First Middle Name
10. Applicant's Phone Number(s): \_\_\_\_ ( ) \_\_\_\_ ( )
11. Applicant's Email Address: \_\_\_\_\_
12. Applicant's Address: \_\_\_\_\_
13. Applicant's Date of Birth: \_\_\_\_\_
14. Applicant's Place of Birth: \_\_\_\_\_
15. Applicant's Position with Company: \_\_\_\_\_
16. Address of Owner of Premises: (If different from applicant) \_\_\_\_\_
17. Owner's Phone Number(s): (If different from applicant) \_\_\_\_ ( ) \_\_\_\_ ( )

18. If partnership, state names and addresses of all partners. Include a copy of the Partnership Agreement.

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19. If corporation, state names and addresses of all officers and directors. Include a copy of the Articles of incorporation and Secretary of State's Certificate of Good Standing.

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No other persons than those named in this application have any interest in the management and control of such business.

20. Brief description of nature of business and goods to be received/sold:

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21. Period of time in which activities will be conducted: \_\_\_\_\_

22. Source of supply of goods or property proposed to be sold:

23. \_\_\_\_\_

24. Other communities where licenses are or have been held:

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25. List below as to whether, within the preceding five (5) years, the applicant, and/or owner of the business has been convicted of any crime relating to theft, damage or trespass to property, sale of a controlled substance, or the operation of business; the nature of any such offense and the penalty assessed:

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26. The names, residences and/or business addresses of three (3) persons, residents of the State of Minnesota of good moral character, not related to the Applicant or financially interested in the licensee's premises who may be referred as to the Applicant's character, or in the case where information is required of a manager, the manager's character.

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27. Do you reside in Ramsey and have your home as a base for your business? Yes: \_\_\_\_ No: \_\_\_\_

28. If yes, what is the present zoning of the property? \_\_\_\_\_

29. This application shall be accompanied by a statement indicating the amount of investment the Applicant has in the business, building, premises, fixtures, furniture, stock in trade, etc. and proof of source of such money.
30. In order to permit the verification of the information required by City Code, any person required to submit information as herein set forth shall not engage in the business of second hand goods dealer as described in the City Code until seven (7) days have elapsed after submitting the application. Licenses are good for one year and must be renewed each year. The license period ends December 31 of each year and may be pro-rated. The initial application/investigation fee and the annual pawnbrokers **LICENSE FEE OF \$4,000** shall be paid at the time of application.

**DATA PRACTICES ADVISORY:** *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_

***Return completed application and requested information along with the fee to:  
 City of Ramsey, Attn: Business Licenses, 7550 Sunwood Drive NW, Ramsey, MN 55303  
 Phone: 763-433-9828 Fax: 763-433-9848***

**Make check or money order payable to "City of Ramsey"**

**OFFICE USE ONLY:**

Approved By/Date	License Fee	Receipt No.	License No.
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Zoning Approval	Zoning Comments: _____ _____ _____ _____
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**Findings by Ramsey Police Department:**

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**This license will expire on December 31, 2019**

**CITY OF RAMSEY**

**TENNESSEN WARNING**

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name